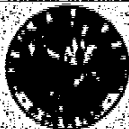


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G57999

(6)

1. Corporation Name

C.W. BROADWAY, INC.

Principal Place of Business

**RT. 4 BOX 6951
CRAWFORDVILLE FL 32327**

Mailing Address

**P. O. BOX 641
WOODVILLE FL 32382
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/02/1983

3a. Date of Last Report

08/17/1994

4. FEI Number

59-2318919

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 301 Sam Smith Cir.

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

23 Crawfordville, FL.

City & State

City & State

Zip

24 32327

Country

25 Wakulla

Zip

Zip

Country

Country

9. Name and Address of Current Registered Agent

**BROADWAY, DUANE C
ROUTE 2, BOX 4391-112
CRAWFORDVILLE FL 32327**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **BROADWAY, DUANE C**
STREET ADDRESS **ROUTE 2, BOX 4391-112**
CITY - ST - ZIP **CRAWFORDVILLE FL 32327**

1.1 TITLE **Duane C. Broadway** ☒ Change ☐ Addition
1.2 NAME **VP**
1.3 STREET ADDRESS **57 Royster Dr.**
1.4 CITY - ST - ZIP **Crawfordville, FL, 32327**

TITLE **S**
NAME **BROADWAY, MARIA V**
STREET ADDRESS **RT 4 BOX 6951**
CITY - ST - ZIP **CRAWFORDVILLE FL 32327**

2.1 TITLE **S** ☒ Change ☐ Addition
2.2 NAME **Broadway, Maria V.**
2.3 STREET ADDRESS **301 Sam Smith Cir.**
2.4 CITY - ST - ZIP **Crawfordville, FL, 32327**

TITLE **D**
NAME **BROADWAY, CARVAS W**
STREET ADDRESS **ROUTE 4, BOX 6951**
CITY - ST - ZIP **CRAWFORDVILLE FL 32327**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Broadway, Carvas W.**
3.3 STREET ADDRESS **301 Sam Smith Cir.**
3.4 CITY - ST - ZIP **Crawfordville, FL, 32327**

TITLE **VP**
NAME **BROADWAY, DAVE**
STREET ADDRESS **RT 4, BOX 6951**
CITY - ST - ZIP **CRAWFORDVILLE FL 32327**

4.1 TITLE **VP** ☒ Change ☐ Addition
4.2 NAME **Broadway, Dave.**
4.3 STREET ADDRESS **301 Sam Smith Cir.**
4.4 CITY - ST - ZIP **Crawfordville, FL, 32327**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carvas W Broadway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #